

SECTION 1: General Information

NOP Rule 205.401

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|---|--|-----------------------|--|-----|
| Name | | Farm Name | | |
| Address | | City | State | Zip |
| Phone | Fax | | Email | |
| Legal status: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Legal partnership (federal form 1065) <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Cooperative <input type="checkbox"/> Other (specify): | | | | |
| Year first certified | List any prior agencies of organic certification | | List any current agencies of organic certification | |
| List all crops or products requested for certification. (as you would like to have listed on your certificate) | | | | |
| Do you have a copy of current organic standards? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Do you intend to certify any livestock (slaughter stock, dairy, or layers) this year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you filled out an Organic Livestock Plan Questionnaire? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Do you have any off-farm or on-farm processing done? (cleaning, bagging, bottling, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you filled out an Organic Handling Plan Questionnaire? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Give directions to your farm for the inspector: When are you available to contact? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening When are you available for the inspection? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening | | | | |
| 1. Did you have any noncompliances from last year's certification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable | | | | |
| a. If yes, please complete the following table; listing each noncompliance. | | | | |
| Noncompliance | | Date of Notice | Corrective Action Update | |
| <i>ie. 205.103(b)(2),(4) Equipment cleanouts</i> | | <i>8/1/10</i> | <i>I have continued to keep an equipment cleanout log.</i> | |
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| 2. Have you ever been denied certification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable b. If yes, please describe the circumstances, including the certification agent involved, the reason certification was denied, and any steps taken: | | | | |
| 3. Has your certification ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable a. If yes, please describe the circumstances, including the certification agent involved, the reason certification was suspended or revoked, and any steps taken: | | | | |